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ABSTRACT

The purpose of this study was to research needs analysis, one of the basic components of planning an educational offering for practitioners in nursing. Also demonstrated was an application of the knowledge relative to needs analysis within nursing continuing education. Needs analysis refers to a systematic assessment of what the potential participants want and/or need relative to their continued learning. A demonstration study which would include both felt and real needs was devised. The model consisted of the Professional Activity Study (PAS) and a questionnaire which was administered to nurses in four hospitals. The major finding was that a high priority in PAS and a high priority in the questionnaire could bring together the needs of the institution and the nurses into one program. (LS)

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A DEMONSTRATION MODEL FOR NEEDS ANALYSIS UTILIZING THE PROFESSIONAL ACTIVITY STUDY AND A QUESTIONNAIRE FOR NURSES IN REGION II OF INDIANA

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Chapter 1

One issue currently prevalent in nursing is the need for continuing education. Though this statement is made in most technical and professional fields, nursing has spent no less time expounding on the merits of continuing education. Continuing education is most often defined as those learning experiences which are organized to expand the knowledge or skills of practitioners. These persons have completed one or more phases of formal or basic education and are taking noncredit, nondegree-oriented courses, workshops, or other educational offerings to expand their role or maintain a level of competency necessary for current practice.

Nursing literature abounds with articles reiterating the need, the necessity, the value, and the gains derived from continuing education. One entire nursing journal has been designated soley for writings on various forms of and issues in continuing education. These writings state that if the nurse is to provide optimum health care to patients, efforts must be made to provide the nurse with continuing education; thus health care will be optimum and current. In addition to the literature, the topic of continuing education in nursing frequently appears on the agenda of professional meetings and conventions. Furthermore, continuing education is felt to be so vital and essential to the practice of nursing that recent legislative efforts in six states propose to link renewal of one's

licence to practice nursing, usually every two years, with evidence of participation in continuing education offerings.

The rationale for continuing education is founded in the rapid turnover of scientific knowledge, the advances of technology, and the expansion of psychosocial knowledge. The rationale is also based on continual need for review of previous learning and sharing applications, and synthesis of knowledge with fellow practitioners. One can hardly discount the rationales. The writings and discussions are timely and interesting. However, the amount of published research specific to nursing continuing education is not in proportion to the time, effort, money, and discussion allotted to this issue.

The purpose of this study will be to research one of the basic components of planning an educational offering for practitioners in nursing. Continuing education draws on the principles of adult education. The field of adult education identifies the uniqueness of adult learning and translates that into principles applicable for planning educational offerings. Adult education identifies a variety of models for educational offerings, but the models usually include needs analysis, formulation of objectives, program design, and evaluation. As needs analysis is a basic building block for adult educational offerings, this study will demonstrate an application of the knowledge relative to needs analysis within nursing continuing education.

Needs analysis refers to a systematic assessment of what the potential participants want and/or need relative to their continued learning. The literature on needs analysis often distinguishes between felt needs and real needs. The former are subjective perceptions by the learner and the latter are more or less objective data from other sources. Both felt and real needs have equal merit when planning offerings. It was decided to devise a demonstration study which would include both felt and real needs. The data from both needs assessments could be analyzed for common factors. Thus even a multiplicity of ideas or items identified as felt needs could be compared to a set of real needs and a priority given to needs which were frequently seen as both felt and real.

It was decided to initiate this study in Region II of Indiana. Region II includes four counties comprising approximately ten percent of the nurses in Indiana. Kosciosko, Elkhart, Marshall, and St. Joseph counties comprise Region II. The term nurses in this study includes both registered and licensed practical nurses. For the past 15 months Goshen College in Region II has been responsible for coordinating and in some instances initiating continuing education in nursing. These goals have been designated by the Indiana Statewide Plan for Continuing Education in Nursing (hereafter known as ISPCEN). ISPCEN is a statewide, coordinated plan designed to provide regionally offered continuing education for nurses. Within each region a variety of functions are designated, one of

which is the continual assessment of learning needs upon which educational offerings are subsequently planned. This function of ISPCEN in Region II is compatible with a research study on needs analysis.

Further deliniation of this study relates to the topic chosen for an initial needs analysis. The topic is orthopedics, which pertains to the musculoskeletal system. A review of educational offerings throughout the state showed a cross section of nursing and related topics; however, orthopedics was not included. Its absence raised questions about the felt needs or real needs for orthopedic topics. Certainly exploring this topic was not a duplication of effort within ISPCEN. In addition, one of the hospitals in Region II identified their particular interest in exploring this topic further. Orthopedic nursing was to be the scope of this study.

In considering the study, a questionnaire appeared to be a satisfactory method for assessing large numbers of nurses in a reasonable amount of time. The questionnaire is frequently used to determine felt needs. The instrument for assessing the real needs appeared to be the Professional Activity Study. This is an accumulation of statistical data of hospitalized patients classified by primary and secondary diagnosis and by operative procedures. As this data is recorded without the patient being identified by name, this appeared to be a tool which could be utilized without jeopardizing confidentiality, but utilizing factual data of the medical record. Other methods or tools are available, but the Professional Activity

Study (PAS) was factual, efficient, and protected confidentiality of patient populations.

This study therefore involves designing a demonstration model for needs analysis. The model will include a questionnaire to determine felt needs of nurses caring for orthopedic patients in Region II. The real needs will be determined by the PAS statistics of orthopedic patients. In order to compare real and felt needs the terminology of the PAS will be a basis for the orthopedic questionnaire. The study will demonstrate the value of utilizing the PAS for formulating questionnaires, which in turn can be compared to PAS statistics. This comparison will allow for synthesizing and rating of felt needs and real needs for planning continuing education in nursing.

Chapter 2

Learning is a lifelong process in this the age of change. Continuing one's education in formal or nonformal settings has become a necessity in view of the knowledge explosion and changing technology. The term continuing education refers to nonformal, nondegree oriented learning experiences beyond formal education, which are planned to continue the development of knowledge, skills, and attitudes necessary for practice (Standards for Continuing Education, 1974).

The Indiana Statewide Plan for Continuing Education in Nursing, 1973, defines this lifelong process as follows:

> Continuing education in nursing includes those systematic learning experiences designed to enlarge nurses' knowledge and skills which they obtained in their preservice nursing program. Continuing education in nursing activities are built upon adult education principles and as distinct from education toward an academic degree, are of shorter duration, specific to the individual's immediate or rapidly changing needs, and have immediate application to the ongoing goals of the learner. (p.34)

The American Nurses Association's Standards for Continuing Education in Nursing (1974) and the National League for Nursing's (NLN's) Role in Continuing Education in Nursing (1974) state the relationship of continuing education to the enhanced practice of nursing and the resulting quality of health care to the patient. Continuing education is considered by both groups

to be one means by which the nurse maintains competence and meets the changing practices of nursing today.

Continuing education is an acknowledged and necessary process for growth as a professional. In order to achieve this goal, nursing groups and the field of adult education have outlined various models for planning continuing educational offerings or programs. Each of these models contain similar components of the planning process identified by McKinley and Smith (1957). Of particular interest to this study is the first step of their planning process: "Step 1: Finding Interests and Needs of Participants" (p. 5). Knowles (1970) described how to organize adult education programs and devotes an entire chapter to "Assessing Needs and Interests in Program Planning" (chapter 5).

The Standards for Continuing Education in Nursing (1974) state the goals of continuing education and the responsibility of faculty for continuing education include assessment of needs (pp.34-35). The NLN's Role in Continuing Education in Nursing (1974) includes assessment as the first guideline for program development, stating that the participants should be involved in assessing their need for additional learning, and that the community should be studied to determine consumers' health needs (p. 31). ISPCEN's Position Statement (1973) includes three important points relative to this study; Programs should be relevant to the needs of the learner and the consumer, programs should start at the nurse's level of experience and knowledge, programs should actively involve the nurse in the learning process, and assess-

ment is part of that process (pp. 34-35).

Knowles (1973) recently referred to three sources for needs analysis: the individual, the organization or system, and society. The individuals assess their own perception of what they want or need. The adult educator provides tools for obtaining data from the learner (individual). A variety of documents, reports, records, and studies form the bases for assessment of the health care system. Professional and technical journals state societal perceptions of the learner's performance (chapter 5). Stein (1971) stated that the learning process must contribute to social and organizational needs.

The Proceedings Book of the National Conference on Continuing Education for Nurses identified from group reports a variety of sources for determining learning needs. The following list those of importance to this study: active faculty involved in the work setting, and staff nurses in hospitals and public health (1969, p. 174).

Knox discusses the complexity of needs analysis when the needs perceived by the learner differ from the needs perceived by others. He solves the problem by saying both have merit and both should be included, thus providing more information than one source alone could provide (1968, p. 17).

The work of Brunner et al. (1957) encourages maximum involvement from the local population to insure best program results (p. 133).

The literature of adult education and program planning uses the terms

interest and need both to mean different things and to be used interchangeably. The work of Brunner et al. refers to interests as an effective concept in which the participant chooses objects or activities in his environment (1957, chapter 5). Fletcher (1958) refers to interests as felt needs and warns against relying on a needs survey which asks only for felt needs. He suggests the adult programmer open new horizons and provide alternatives from which to choose of which the learner was unaware. Knowles (1970, p. 86) and Knox (1968, p. 2) define adult education needs as the gap between what the individual's present level of competency is and the required level of competency. The definition implies changes occur which require educational remedies.

"A study of the needs and wants of the adult learner is one means of beginning the development of a curriculum [for program planning]" (Kidd, 1959, p. 274). Kidd further contends that when the adult contributes to the development of a program, the quality of learning experience is increased.

A historical review of nursing literature reveals the first reported assessment of staff nurses in 1940 by Taylor at Massachusetts General Hospital. Taylor asked the staff nurses for suggestions for the program and format (pp. 7-8). The next significant entry into nursing literature was 22 years later when Coulter reported on continuing-education efforts in the western states as a result of a survey followed by a conference of nursing leaders (1962). The survey tool was not described. Pettus re-

ported the utilization of a committee of staff nurses to determine needs for program content (1963, pp. 82-84).

In 1967 Grand described three steps for needs determination used for an obstetrical program. She suggested background information on the participants, reviewing requests for programs from a variety of agencies, (nursing organizations, medical societies, etc.) and asking for topic suggestions. When the latter was done the returns were 75%. Questions included asking what problems the nurse had encountered during the past year (pp. 85-86). Price in 1967 did an extensive study in the state of Minnesota and reported her complete findings in a monograph. She utilized a 16-item questionnaire. Two items were open-ended questions asking what the nurse felt least prepared to do during the past year and what she specifically needed to know (pp. 79-80).

The slip technique was reported as useful in determining needs at three planning conferences in Michigan under the Regional Medical Program. This group also utilized literature searches and advisory committees of appropriate voluntary health organizations (Skinner, 1969). The Kansas Regional Medical Program and University of Kansas utilized an advisory committee but did not report how learning needs were specifically assessed (Thurston, 1970). Tait reported the initial needs were gleaned from review of the literature with a subsequent advisory meeting. A survey tool was developed (but not described) and distributed. A review of cases refused by private-duty nurses was done. This analysis was then followed by a permanent continuing-

education committee being appointed to continue beginnings (1970). Thomas and Heick conducted a survey of needs in Iowa in 1972. The project was well reported. They presented 31 items for priority rating by the nurses. Interestingly the nurses' interest for an orthopedic program rated in the lowest priority.

Cooper (1973), Schweer (1971), and Popiel (1969) wrote on the importance of needs analysis and mentioned a variety of techniques in general explanations. Schweer states analysis should be in terms of whole and in terms of constituent parts.

Chapter 3

This study involved designing a demonstration model for needs analysis. It included felt needs (questionnaire of orthopedic nurses) and real needs (analysis of the institution utilizing the PAS). This model will demonstrate the value of utilizing the PAS to formulate a questionnaire. The questionnaire (nurses' interest) can then be compared to the PAS statistics in synthesizing and rating felt and real needs for program planning.

The descriptive-survey method was used in the research. This research approach was chosen because in the study the percentage of the nurses' interests on felt needs on orthopedics was counted, as was the frequency of orthopedic conditions occurring in the PAS. By using the descriptive-survey method it could be determined how many members of this particular group had an interest or did not have an interest in having a variety of orthopedic conditions presented in a workshop, and how often this item occurred in the patient population.

As stated in chapter 1, orthopedics was arbitrarily chosen, as statewide the topic had not been developed fully. Also a series of requests had been received both verbally and in other conference evaluations, indicating orthopedics as a topic for future workshops.

Another rationale for considering orthopedics is the aspect of long-term care and the high incidence of trauma and sudden, unexpected illness. All of these items present content in which the nurse can contribute sig-

nificantly in patient and family well being.

The health agencies used in the study included nine community hospitals and one public health agency in Region II of ISPCEN. Eight of the hospitals provided acute care and one was an extended care hospital. Of these hospitals only four utilized PAS during the dates of our study. However all were included to obtain regional information, using the four PAS hospitals as indicators for patient statistics. Three of these PAS hospitals, in fact, have a large portion of the orthopedic patients.

The hospitals ranged in bed size from 74 to 526. Only two hospitals surveyed had orthopedic floors. This meant that in the other hospitals the orthopedic patients were found on medical-surgical floors, pediatrics, initially may have been in the emergency room, and possibly were in intensive care and/or the operating room some time during their hospitalization. For this reason the questionnaires were distributed to nurses working on the various floors receiving orthopedic patients.

An initial PAS survey was done in one of the hospitals after securing verbal permission from the administrator and medical records librarian. The initial survey results and the PAS reference books were used to devise a PAS orthopedic survey tool (see Appendix A). This was to facilitate doing the other area hospitals' PAS survey by having a form prepared, as the terminology used in the various hospitals was the same in the PAS.

The last six months of 1973 and the first six months of 1974 was studied because this was the most recent information available in a six-month

compilation up to the date of the research study. The first six months of 1974 in the PAS utilized new numbering; however, for the most part the orthopedic items were little changed, and where they were the transition was easy as the terms were the same or similar.

An initial letter was sent to the Directors of Nursing requesting permission to use the PAS in their hospital and administer the questionnaire to nurses involved with orthopedic patients (see Appendix B). It further stated the purposes of the study, planning workshops and doing research. Written permission was requested and continued arrangements internal to each agency were to be done with the persons responsible for nursing inservice or staff development.

The appropriate permissions were received and the four hospitals having the PAS during the designated time frame were surveyed using the PAS orthopedic survey tool. The survey required entering the frequency of primary and secondary diagnosis and surgical conditions from the PAS statistics onto the PAS orthopedic survey tool. In most instances the frequency of primary and secondary diagnosis were added, as their occurrence presented the same challenge and needed knowledge base from the nurse regardless if the patient had the item as primary or secondary. The next step was the construction of a one-page questionnaire (see Appendix C).

There were six checklist (for ease in completion) questions that were constructed to gain general information about the participants. The first question (items 1-2) asked the nurse where she worked, naming nine re-

gional health agencies and a "other (specify)" category. This question was needed to compare PAS results where applicable. The second question (items 3-4) elicited the type of nursing unit where the nurse worked. Does it indicate the emergency room nurse is interested in trauma-related items and the pediatric nurse in congenital defects? This question could be later analyzed for differences and likenesses of respondents by area of nursing worked. The third question (Item 5) asked if the respondent was a registered nurse or a licensed practical nurse. These results could indicate differences in interest due to education or present responsibility, and include nurses giving various levels of care to these patients. The fourth question (Item 6) queried the number of hours worked per week. This question could analyze if full-time or part-time nurses had differences in awareness of their needs related to hours worked. The fifth question (Item 7) asked the nurses how long they worked in orthopedic nursing. If a majority had multiple years of experience would they show less need for certain items, or only express interest in the newest items? If the nurses were relatively new to orthopedics would they rate multiple items as high interest?

The sixth question (Item 8) attempted to ask about the availability and/or attendance at inservice programs. Item 9 followed with an open-ended question about the content of recent inservice programs. Items 8 and 9 would indicate content recently covered which the nurse would not feel a need to repeat soon. The results here could avoid replication of

inservice. Item 10 was a variation of a Likert scale and asked the nurse to indicate interest in attending orthopedic workshops. The high and low points of the scale were labelled on a 20 cm line. Any mark on the scale could be measured and scored by each centimeter equalling 5%. This was used to allow a precise and less subjective method of interpretation.

The various disease and surgery conditions and subcategories from the PAS survey were then compiled into a 62-item questionnaire with terminology comparable to the PAS. From nursing care measures that are pertinent to orthopedic patients, recent literature, and the experience of an orthopedic head nurse, 8 nursing care items were added to give a total of 70 orthopedic items on the questionnaire, items 11 through 80.

It was decided to use the ordinal measurement scale to score the 70 orthopedic items because this method is commonly used when an attitude or general impression is wanted in subjective rather than objective terms (Oppenheim, 1966, p. 85). This method allows placement of each condition in rank order from highest to lowest according to interest of the nurses in having the condition included in the workshop. The nurses have to rate each condition separately in terms of their interest. The type of ordinal measurement used was the Likert scale. This involved assigning points to each category. The most favorable response, "I am highly interested," was given the highest number of points (4) and "I have no interest" was given 0 points. The initial workshop would then include those conditions which had the greatest percentage of response or interest to a

particular condition. In order not to give importance to one condition rather than to another, the items were alphabetized in the questionnaire.

There were two open-ended questions included as items 81 and 82. They attempted to identify "other orthopedic conditions" and "other general conditions" the nurses would like included in a workshop. These questions allow venting and amplification as the respondent wishes. Item 82 also gives clues to other conditions for subsequent needs analysis. It was also felt that this would allow the nurse freedom in pointing out her particular interests rather than the simple but more restrictive checklist or scale format. Before the final questionnaire was printed, seven other nurses (researchers and faculty) and the research director gave input and a number of changes were made. This method of a panel of experts was used to facilitate time and printing costs otherwise involved in a pretesting of a questionnaire. Items 1-10 were felt to be similar to ones utilized in other questionnaires as well as the straightforward listing of orthopedic items, again making pretesting less necessary.

A cover letter (see Appendix D) was constructed including the following pertinent ideas: The reason for the questionnaire was stated to be to plan a workshop for nurses interested in orthopedics in Region II, and the respondents were told that this was part of a research study. The cover letter was put on stationery from Goshen College Continuing Education in Nursing to verify its authenticity. Directions were clearly stated as

to how the nurse was to respond to the questionnaire, how it should be returned in the prepaid envelope, and the deadline for the questionnaire. The respondents were assured of their anonymity, and they had the right to participate or not participate in the study. It was felt that the cover letter established rapport with the respondents and showed not only their importance in participating, but also the benefits they could receive from the study.

The questionnaires were then distributed by the Nursing Inservice or Staff Development persons of each hospital. Four of the hospitals were given questionnaires in envelopes with the name of each nurse on the front. Three of these hospitals were included in utilization of the PAS; the other did not have the PAS. The other hospital where the PAS was used would not release the names of its employees due to previous policy. The non-PAS hospitals were given a certain number of questionnaires according to how many orthopedic-related nurses they reported. The names were utilized where available to impart individualism and importance of each respondent. Also if a follow-up questionnaire was needed, individuals could be identified. The respondent's name appeared on the envelope and a coded number was on the questionnaire in an "office use only" section.

Christopher Scott of the British Governmental Social Survey (Oppenheim, 1966, p. 35) reports that stamped self-addressed return envelopes produce a high response rate. In this study a preprinted, prepaid re-

turn envelope was distributed with the cover letter and questionnaire.

Upon return of the questionnaire results were scored onto IBM computer sheets and fed into the computer for percent response. Further mathematical computations were done to the hundredths (e.g. 56.05) using a Bohn digital calculator. The results were rounded off at the point of inclusion in this paper.

Chapter 4

A total of 618 questionnaires were distributed to the nine area hospitals and one public health agency in Region II; 324 or 52% were returned. Included in this total, 378 had been distributed to the four hospitals which utilized the PAS. The returns from these four hospitals were 179; thus the composite of PAS hospitals showed a return rate of 47%. Ideally a follow-up questionnaire and letter encourage nonparticipants to respond, but time and money considered, the study of 324 respondents was felt to be sufficient for an initial needs survey.

In a one year time frame the total number of patients admitted to the four PAS hospitals totalled 37,398. The total number of orthopedic patients admitted in this same span of time was 3,478. The orthopedic patients account for 9% of the total patient population in the hospitals studied. On the average, the orthopedic patients stayed 9.4 days in the hospital in comparison with 7.4 days for other patients.

In response to items 1-2 indicating the health agency worked, the returns were similar to the totals of an average of 48% response from any one agency. This indicates similar attitudes about questionnaires and orthopedics among the agencies.

In the results from items 3-4 asking the type of nursing area worked, it was found that the greatest number of participants responding from the PAS hospitals worked on a medical-surgical floor (42%) which included orthopedic patients, whereas the lowest percentage (4%) worked in other

areas of the hospital which included nursing service administration (see Table A). The percentages account for a 102% response, due to averaging and rounding off. The regional total showed a range of 31% of the nurses on medical-surgical floors, 9% of the nurses in emergency departments, and 9% on orthopedic units.

Item 5 asked if the nurse was a registered nurse (RN), licensed practical nurse (LPN), or other. In the PAS hospitals 71% were RN and 18% LPN. For some reason 4% marked "other," not indicating, and the remainder did not respond. In the regional total 79% were RN, 14% were LPN, 5% marked "other," and 2% did not respond. The exact ratio of RN to LPN of the 618 questionnaires sent is unknown. However, the high rate of RN response may be due to a higher ratio of RNs assigned to specialty units.

When asked the number of hours worked in Item 6 in the PAS hospitals, 74% worked 40 hours or more, 3% worked 39-30 hours, 12% worked 29-20 hours, 6% worked 19-10 hours, and 3% worked 9 or less hours. The range for this item regionally was exactly the same.

Item 7 queried the nurse's experience in orthopedics. In analyzing this item the responses were grouped to show nurses working less than one year, working one to three years, and four years or more. The PAS hospitals had 44% at less than one year, 19% at one to three years, and 22% at over four years. The regional totals were 43%, 25%, and 20% respectively. Both results show over 10% not answering this item, possibly due to their identification with other types of patients they care for, thus not considering themselves in orthopedic nursing.

Item 8 was also grouped to include a "no" response and "uncertain" response as a lack of inservice programs. The PAS group and regional total had an 84% response of "no" or "uncertain." It is possible that those answering the questionnaire did so out of a definite need for continuing education in this area. In analyzing items 7 and 8 it appears that the number of nurses with limited experience and lack of recent educational programs on orthopedics felt a need to respond to this questionnaire. Further, even if the nonrespondents were different (more experience and inservice), the responding group is large enough to warrant an orthopedic workshop.

Item 9 is a listing of topics covered in the inservice programs or workshops attended by 14% of the nurses responding favorably to Item 8. These comments were typed verbatim and only grouped if the exact comment was made, which is indicated by the number in parenthesis after the comment (see Appendix E).

Item 10 indicated that the PAS hospitals showed a 67% interest in orthopedic workshops and 62% were regionally interested. Overall this was encouraging. In addition, the four hospitals having orthopedic surgeons on staff showed a range of 75 to 67% interest. These indicated positive interest and possible future cooperation in program planning.

Items 11 through 80 were then analyzed to determine the percent response of interest for each of the diagnostic, surgical, and nursing care items. Due to the vast amount of data, it was necessary to break

the data into high positive interest, low positive interest, and no interest. In addition, the items having no response were reviewed. No attempt was made to analyze the response 1, "I have no opinion or don't know," although this category contained information for further exploration and public relations if a workshop would be presented on an item rating high in this category.

When analyzing the percent of high positive interest, it was decided to look at the data from the various hospitals in two ways. First, the percentages of response for the two top categories, 4, "I am highly interested," and 3, "I am interested," were tabulated. Both of these categories were considered to mean a very positive interest in the various orthopedic items. The second approach was to look at the percentages of responses with 4, 3, and 2, "I am somewhat interested." A ranking of 2 was considered to be not as positive as 4 and 3, yet still positive. Given a well-planned, well-publicized program, the respondents ranking items in category 2 could potentially be interested.

Further analysis of the data was recorded according to this process to insure consistency in the tables presented. The items were arranged in rank order at the hundredth's precision. For ease of reading, the percentages were then rounded off from the computer read-out. When two conditions or items were mathematically the same before rounding off, they were then put in alphabetical order.

The four PAS hospitals were referred to as Hospital A, B, C, and D.

Tables for each PAS hospital (see tables B, C, D, and E) and the regional totals (see Table F) for the high positive interest were compiled for categories 4, 3, and 2. A regional total also was tabulated at the category 4 and 3 level to compare differences (see Table G). When looking at the areas of high interest, it was decided to look at the top 10 rankings. In a few instances 11 or 12 topics are listed (see Table D) due to ties. In Table C only seven rankings are recorded as 14 items tied for the next place.

There was a total of eight nursing care functions on the questionnaire; on the average each PAS hospital included 2 in their top 10 rankings (see tables B, C, D, and E). The range was one to four items including the five different items of psychological aspects of sudden trauma, traction, psychological aspects of long-term care, circulatory impairment, and cast care. This meant five out of eight nursing care items were of interest. The average percentage of interest was 89% in the PAS group. This was thought to be due to the fact that nurses felt they had control over these specific nursing functions and could initiate change independently, utilizing the nursing process or nursing protocol. In the regional total, 3 items occurred in the top 10 of the high interest (see Table F). The interest ranged from 87 to 83% in the items circulatory impairment, psychological aspects of trauma, and traction respectively in the 4, 3, and 2 ranking.

Of the non-nursing care items it can be noted that the items in the top 10 high interest rankings were usually the items which had a zero to low

frequency occurrence in the representative patient populations (see tables B, C, D, E, F, and G). Arthritis ranked eighth in Table E and at Hospital D this was the ninth-ranked disease in frequency. Table D and Table G showed total knee replacement and total hip occurring in the top 10. The former was so new a procedure it was not reported in PAS. The latter was found to have 125 procedures done. Though that was a considerable frequency, these items probably occurred in the high interest tables due to their newness, causing the nurses to feel a need for new knowledge.

With the exceptions of arthritis, total knee, and total hip, the other non-nursing care items when compared to PAS frequency show a definite tendency for infrequently occurring conditions to be of high interest to the nurse.

This could have occurred for two reasons. First of all, when considering the four hospitals which utilized the PAS, on an average, 3 of the conditions out of 10 were considered complications (see tables B, C, D, and E). Several hospitals showed as low as two, and other hospitals showed as many as five conditions showing up in the top 10 categories which are considered complications. Examples of this are air embolism, traumatic aneuria, traumatic shock, injury to nerve, hypovolemic shock, and fat embolism. The interest could have been high because if these complications occur they tend to be lethal; thus the nurse would feel the urgency of knowing all the information she could about these conditions and, if possible, their preven-

tion as well as cure or treatment. A second reason might be the interest or curiosity in knowing more about unusual conditions which, though not seen often, are usually interesting to study, because the condition rarely occurs and is unique. She would rather know something about this condition than a condition that she sees frequently day after day and feels familiar or comfortable about.

Similar reasons are applicable for the remaining topics listed in the high interest rankings. The items, though not complications, such as fracture of the vertebrae with spinal cord involvement, fracture of the skull, and neoplasms, all present serious conditions and complex nursing care.

Considering tables F and G, when all of the percentages of responses for 4, 3, and 4, 3, and 2 were tabulated, there were no differences in the top 10 rankings in which the percentage of interest was highest. It can be noted in the two tables that the top 10 items were identical; there was only change in rank order in comparing tables for 4, 3, and 4, 3, and 2. It was helpful to know the items didn't change in this comparison, since by adding category 2 a potentially larger audience is included.

As mentioned previously, it was decided to look at low positive interest (thus not too many nurses interested) as well as the no interest.

When determining the low positive interest, categories 4, 3, and 2 were added together and the 10 lowest percents among items indicating high-positive interest were tabulated. Only 7 items were ranked in the PAS group and 10 in the regional total.

In analyzing tables H, I, J, K, and L for low interest items, it was noted in Table I (Hospital B) two nursing care items rated low. Though interesting, an explanation was not possible. Volkman's ischemic contracture was ranked low interest in Table H and K. This was the only complication listed in the low interest tables. Interestingly this complication can be assessed and prevented by nursing action in most instances, yet it rated low. Possibly the terminology, though found in PAS, was not as familiar to the nurse as pressure injuries.

Hospitals A and D (see tables H and K) had one and two items ranked low in interest, yet occurring high in frequency according to PAS. In Hospital D lumbarsacral displacement ranked sixth in frequency and vertebrogenic pain syndrome ranked fourth. Hospital A ranked hypertrophic spondylitis 10th. A similar pattern occurs in Table L on regional totals. Five of 10 conditions were ranked in frequency at the PAS hospitals as follows: hypertrophic spondylitis--9, excision of semilunar cartilage of knee--13, internal derangement of joints--7, operations on muscle, tendon, facia, and bursa--10, and synovitis, bursitis, and tenosynovitis--11. This meant that with an increase in the frequency of occurrence of the condition there was a decrease in the nurses' interest. This could possibly be accounted for by the fact that it occurred so frequently that the nurse felt familiar with the condition and her interest was low in learning more about it. The only other finding considered of importance in these tables was the fact that when looking at the lowest category of interest at each of the PAS hospitals, the average percentage of interest was 54%. This meant that even

though the category rated low in the percentage of interest, over half the participants were still interested in the condition.

Another point to be made regarding tables H, I, J, K, and L was the presence of items like bunions, Hallux valgus, and joint injuries. These items tended to require comparatively simple, straightforward nursing care which has not changed over the years, thus the nurses' interest is lower.

A second way of analyzing lower interest items was to look at the 0, "I have no interest" category in which six or less items were reviewed. The four PAS hospitals (see Table M) showed diversity such that no conclusions can be drawn. Only three items, namely bunions, hammer toe, and torticollis appeared in more than one hospital. Only Hospital D listed a nursing care item in the no interest category. However, the regional total of no interest (see Table N) relates to the same top five (by item and rank) of the low interest indicated in Table L. This would indicate an overall lack of interest in these topics being presented in a workshop.

When examining the answers to the open-ended questions, they were typed as recorded by participants, and statements made by more than one nurse were indicated by a number in parenthesis. It was found that most of the "other orthopedic conditions" listed in Item 81 by participants were actually contained within the questionnaire (see Appendix F). In response to the other general conditions a variety of conditions were listed (see Appendix G), some of which repeat or reiterate an orthopedic or related condition. The majority of respondents did not answer items 81 and 82.

Of the 309 respondents, a number of them omitted one or more items. The percent returns also indicated the number of nonrespondents per item. Within items 11 through 80 the range was 41 to 19 with an average of 28 nonrespondents or 9% of the total. Interestingly 41 and 35 nurses did not respond to the item on Pagets and physiology of immobilization respectively, whereas the best rate of response or 19 nonrespondents was for an item on cast care. The former are less known, the latter well known by nurses.

Thus far in analyzing the data the perspective has been the questionnaire results or felt needs. From the PAS data a view of the real needs as the focal point was demonstrated in Table O. The 10 most frequently occurring items are listed. Note in this table that a diagnosis of fracture and several alternatives for treatment (open and closed reduction) appeared in high frequency due to their relationship of diagnosis and subsequent treatment. The nurses' survey shows positive response to these items. The range of percent of interest was 65 to 77% which appears to be mid-range of interest as compared to tables F and L. Again 70% of the nurses responded positively to these items in Table O and workshop content could be appropriately derived for a large audience.

Analyzing the PAS alone would be expedient but not representative of the whole picture. It appeared in earlier discussion (see tables B, C, D, E, F, and G) that the questionnaire indicated nurses' highest interest related to nursing care, infrequently occurring items, and complications.

Nurses' lower interests (see tables H, I, J, K, and L) occurred in a number of items which either occurred fairly frequently or had changed little over the years. Now the PAS approach indicates areas of 70% range interest. However, looking at all of these findings together, a potentially successful workshop could be planned to include content meeting the needs of the nurses and needs of their representative patient population. An example would be to offer a workshop on traction. Traction ranked 10th on the high interest scales as rated by the nurses. In the PAS, fractures of the lower and upper limbs (those necessitating hospitalization usually require traction) ranked one and three respectively. Thus a workshop could be planned to focus on applications and principles of traction in limb fractures.

The PAS data which indicate infrequently occurring conditions was not tables, as there were over 25 items which had a zero frequency. Some of these conditions we noted in previous tables, particularly tables F and G. Thus the initial analysis of data is completed.

Chapter 5

Conclusion

The PAS provided the base for the questionnaire items on orthopedics, giving all the orthopedic conditions in a thorough and concise way as evidenced by responses to Item 81 regarding a list of "other orthopedic conditions." Most responses stated all the items were inclusive or the ones they mentioned in items 81 or 82 ("other conditions") were, in fact, directly or indirectly contained in the questionnaire.

For optimum program planning, analysis of real and felt needs yielded usable results which indicated priorities. An example was traction which rated in the 10th position of the high interest tables. In the PAS, fractures of the lower and upper limbs which necessitate hospitalization and usually require traction, ranked one and three respectively. Thus a high priority in PAS and a high priority in the questionnaire could bring together both needs of the institution and the nurses into one program. The content of such a program can be interesting to the nurse and directly help in the work situation.

On the other hand, the data showed that some items the nurses rated high interest occurred infrequently in the PAS and vice versa. Some frequently occurring conditions in the PAS were rated low/mid interest by the nurse. Thus items where the nurses wanted more knowledge were items low in experience (PAS showed zero to very low frequency of occurrence)

and where the nurses had adequate experience, the item ranked lower in their interest. This study showed the necessity of asking the nurses themselves, since looking at the PAS alone would not indicate these differences.

Another conclusion reached was the use of the data collected from real and felt needs to synthesize content for program planning. Synthesizing data from the high and even unranked items as well as nursing care and PAS items form a potentially successful workshop. For example, the individual items of traumatic shock, psychological aspects of sudden trauma, fracture of vertebrae with spinal cord involvement, and physiology of immobilization can be brought together as the content of a program on trauma.

Limitations

Only 4 of the 10 participating health agencies utilize the PAS; thus the ranking in the "Total" tables' frequency column were only regional indications, not conclusive statistics.

Due to the time frame, a follow-up cover letter and questionnaire could not be sent to nonrespondents. Thus only 52% responded initially. Generalizations to the total population cannot be made.

It was noted not all of the respondents completed the questionnaire as directed. Amplification and spacing of the directions prior to Item 11 might have minimized this problem.

The items on the PAS survey tool should not be grouped together prior to using the actual PAS survey. Thus looking at each item separately as they appear in the PAS facilitates the process of surveying in the medical records

departments. Later these items could be grouped for use in a questionnaire.

Recommendations

Further analysis of the data thus obtained is needed, as this material is utilized in regional program planning. This might include looking at differences between interests of RN and LPN or full-time and part-time nurses, as well as results beyond the top 10. An example of the latter showed arthritis occurred 11th in PAS frequency and the top 20 of nurses' interest. Thus going further into the data will yield additional usable material.

Another recommendation would be to conduct a similar study for conditions other than orthopedics on a randomly-selected sample population. A smaller sample could be completed in less time and at less cost.

A follow-up study of the nonrespondents would be useful prior to subsequent needs analysis. It would be useful to look at such factors as length of questionnaire, topic of questionnaire, and the respondent's belief in the purpose of the study.

Further use of the PAS content in program planning is indicated. Information is contained in the PAS relating to timing of program; diagnostic tests and results for each condition; and age, sex, and complications of each condition, all of which could be built into the content.

The final recommendation is to initiate a series of workshops on orthopedic nursing. Although only 52% of the questionnaires were returned, their interest was so positive that any one workshop has a potential of over 100 nurses attending. The first step in program planning would be to share results of this research with a regional workshop committee to commence implementation.

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Table A

Composite of 4 PAS Hospitals and Regional Totals on

Items 3 and 4: Type of Nursing Unit

Nursing Unit	4 PAS Hospitals	Regional Totals
Emergency	11%	9
ICU	16	15
Med-Surg.	42	31
OR-RR	9	12
Orthopedics	8	9
Pediatrics	12	10
Other	4	11

Table B

Hospital A, High Interest

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Fat embolism	90	0
2	Traumatic shock	90	0
3	Circulatory impairment	89	N/C[a]
4	Psychological aspects of long term care	88	N/C[a]
5	Air embolism	88	0
6	Neoplasms-musculoskeletal	88	29
7	Total hip replacement	88	15
8	Traction	88	N/C
9	Fracture of vertebra with spinal cord involvement	87	3
10	Neoplasms of bone	87	27

[a]N/C denotes Nursing Care

Table C

Hospital B, High Interest

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Arthritis-adult rheumatoid	81	0
2	Arthritis-juvenile rheumatoid	81	0
3	Dislocation without fracture	81	14
4	Circulatory impairment	75	N/C[a]
5	Disorders of sacroilliac joint	75	10
6	Fat embolism	75	0
7	Fracture of skull	75	4

[a]N/C denotes Nursing Care

Table D

Hospital C, High Interest

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Psychological aspects of sudden trauma	97	N/C[a]
2	Nerve damage	95	
3	Traction	92	N/C
4	Fat embolism	92	0
5	Fracture of vertebra with spinal cord involvement	92	1
6	Psychological aspects of long term care	92	N/C
7	Total knee replacement	92	New procedure
8	Circulatory impairment	90	N/C
9	Contusion and crushing with intact skin		
10	Fracture of skull	90	9
11	Hemorrhage-hypovolemic	90	0
12	Traumatic anuria	90	0

[a]N/C denotes Nursing Care

Table E

Hospital D, High Interest

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Circulatory impairment	91	N/C[a]
2	Fat embolism	91	0
3	Osteomyelitis	89	22
4	Injury to nerves	86	0
5	Cast care	86	N/C
6	Hemorrhage-hypovolemic shock	86	0
7	Traumatic shock	86	2
8	Arthritis	84	97
9	Osteoporosis	84	36
10	Traction	84	N/C

[a]N/C denotes Nursing Care

Table F

All Hospitals, High Interest Totals

4, 3, & 2 level

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Circulatory impairment	87	N/C[a]
2	Traumatic shock	87	0
3	Fat embolism	86	0
4	Air embolism	85	0
5	Fracture of vertebra with spinal cord involvement	85	11
6	Fracture of skull	84	39
7	Psychological aspects of sudden trauma	83	N/C
8	Injury to nerves	83	9
9	Hemorrhage-hypovolemic shock	83	0
10	Traction	83	N/C

[a] N/C denotes Nursing Care

Table G

All Hospitals, High Interest Totals

4,3 level

Rank	Name of items from questionnaire	% of nurses responding at 4, 3 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Fat embolism	74	0
2	Circulatory Impairment	73	N/C[a]
3	Fracture of Vertebrae with spinal cord involvement	73	11
4	Traumatic shock	72	2
5	Hemorrhage-hypovolemic shock	70	0
6	Psychological aspects of trauma	69	N/C
7	Air embolism	68	0
8	Fracture of skull	67	39
9	Injury to nerves	67	9
10	Traction	64	N/C
11	Total hip replacement	64	125

[a]N/C denotes Nursing Care

Table H

Hospital A, Low Interest

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Hallux valgus	54	19
2	Bunions	56	22
3	Juvenile osteochondosis	61	28
4	Vertebrogenic pain syndrome	63	43
5	Hypertrophic spondylitis	65	82
6	Volkman's ischemic contracture	65	1
7	Pagets	66	5

Table I

Hospital B, Low Interest

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Torticollis	31	2
2	Bunion & bunionette	38	0
3	Hallux valgus	38	2
4	Operations on muscles, tendons, fascia & bursa	44	18
5	Pagets	44	1
6	Immobilization	44	N/C[a]
7	Prosthetic device	44	N/C

[a]N/C denotes Nursinc Care

Table J

Hospital C, Low Interest

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Hypertrophic spondylitis	62	33
2	Hallux valgus	64	15
3	Ankylosis of joint	68	2
4	Pagets	68	0
5	Bunion	68	29
6	Internal derangement of joints	68	20
7	Juvenile osteochondosis	72	7

Table K

Hospital D, Low Interest

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Hallux valgus	57	63
2	Bunions	59	32
3	Volkman's ischemic contracture	61	0
4	Lumbarsacral displacement	64	132
5	Torticollis	63	2
6	Vertebrogenic pain syndrome	63	154
7	Pagets	66	16

Table L

All Hospitals, Low Interest Totals

Rank	Name of items from questionnaire	% of nurses responding at 4, 3, & 2 level	Frequency of occurrence in 1 year in PAS out of 1961 orthopedic patients
1	Hallux valgus	18	99
2	Bunions	23	95
3	Torticollis	27	4
4	Hypertrophic spondylitis	29	244
5	Excision of semilunar cartilage of knee	32	221
6	Internal derangement of joints	32	304
7	Juvenile osteochondosis	34	62
8	Operations on other muscles, tendons, fascia & bursa	34	239
9	Synovitis, bursitis and tenosynovitis	35	229
10	Operations on muscle, tendon and bursa-hand	35	103

Table M

Four PAS hospitals

rating "no interest" items

Hospital A		Hospital B	
Item	% response	Item	% no response
Hallux Valgus	17	Excision of semi-lunar cartilage	14
Disorders of sacroiliac joint	11	Curvature of spine	11
Lumbarsacral displacement	11	Hallux valgus	11
Operations-hand	12	Juvenile osteochondosis	11
Bunion	16	Pagets	11

Hospital C		Hospital D	
Item	% response	Item	% no response
Hallux valgus	31	Bunion	18
Operations on muscles, tendons, fascia & bursa	31	Torticollis	18
Open reduction-fixation	25	Lumbarsacral displacements	16
Open reduction without fixation	25	Psychological-long term care	16
Torticollis	25		
Volkman's contracture	25		

Table N

All Hospitals, No Interest Response

Rank	Name of items from questionnaire	Percentage of no response
1	Hallux valgus	17
2	Bunions	14
3	Torticollis	11
4	Hypertrophic spondylitis	10
5	Excision of semilunar cartilage of knee	10

Table 0

PAS Rankings by frequency
and compared to Interest of Nurses

Rank	Name of items from questionnaire	Frequency of occurrence in 1 year in PAS out of 1961 ortho-pedic patients	% of nurses responding at 4, 3, & 2 level
1	Fracture of lower limb	68	77
2	Osteoarthritis	521	77
3	Fracture of Upper limb	510	75
4	Lumbarsacral displacements	403	72
5	Sprains & strains of joints adjacent muscles	374	74
6	Closed reduction without internal fixation	350	71
7	Internal derangement of joints	304	70
8	Open reduction with fixation	299	75
9	Hypertrophic spondylitis	244	65
10	Operations on other muscles, tendons, facia, & bursa	239	70

Appendix A

PAS Orthopedic Survey Tool

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PAS Data

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Hospital _____

Number	Disease	Frequency 73	74	Comments
710.0- 32-40 711.0 712.9	Arthritis			
712.0	Juvenile rhematoid arthritis			
712.1	Adult rhematoid arthritis			
722.0-2.7	Juvenile osteochondosis			
717.2	Torticollis			
720-03	Osteomyelitis			
721.0 723.2	Pagets			
723.0	Osteoporosis			
713.0	Osteoarthritis			
713.1	Hypertrophic spondylitis			
724.0-.9 724.4 724.4-.5-.6	Internal derangement of joints			
725.0 725.1	Displacement of intervertebral Disc Lumbarsacral Cervicle			
726.0	Disorders of sacroiliac joint			
727.0-.9	Ankylosis of joint			
728.0-.9	Vertebrogen pain syndrome			
729.0	Other disease of joint -chondromalacia -loose body-cartilage in joint			

PAS Data (Cont.)

Number	Disease	Frequency 73	74	Comments
730.0	Bunion and bunionette			
731.0-.9	Synovitis, bursitis, and tenosynovitis			
733	Muscle, tendon, facia Myosthemia gravis			
735	Curvature of spine scoliosis kyphosis			
737	Hallux Valgus			
738	Other aquired musculoskeletal deformities Toes			
800.0 801 803	Fracture of skull			
802	Fracture of facial			
805	Fracture of vertebra without spinal cord involvement			
806	Fracture of vertebra with spinal cord involvement			
807	Fracture of ribs			
808	Fracture of pelvis			
810-817	Fracture of upper limb			
820-829	Fracture of lower limb femur trochanteric			

PAS Data (Cont.)

Number	Disease	Frequency 73	74	Comments
830-839	Dislocation without fracture knee shoulder			
840-848	Musculoskeletal injuries			
	Sprains and strains of joints-adjacent muscles knee sacroiliac back - cervicle and lumbar			
880-887	Lacerations and open wound of upper limb			
890-897	Lacerations and open wound of lower limb			
920-929	Contusion and crushing with intact skin			
950-959	Injury to nerves and spinal cord			
990	Other adverse effects			
995.0	Air embolism			
995.1	Fat embolism			
995.2	Hemorrhage - hypovolemic shock			
995.5	Traumatic shock			
995.6	Traumatic anuria			
995.7	Volkman's ischemic contracture			
995.8	Post-traumatic wound infection			

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L. LeNoir

PAS Data

Hospital 53

Number	Disease	Frequency 73	Frequency 74	Comments
	Operations of Musculoskeletal System			
	Reduction of facial fractures			
	Other operations on facial bones			
80	Operations on other bones			
80.0	Incision of bones without division			
80.1	Division of bone			
	Bunionectomy			
80.2	Excision of lesion or tissue of bone			
	Partial ostectomy			
80.4	Complete ostectomy			
80.5	Bone graft			
	Internal fixation without fracture reduction			
80.7	Removal of internal fixation device			
	Other operations on bones			
	Reduction of fracture and dislocation (Look on page 4)			
83	Incision and Excision of joint structures			
83.0	Arthrotomy			
83.1	Division of capsule, cartilage or ligament			
83.3	Excision or destruction of lesion of joint			
83.4	Excision of intervertebral disc			
83.5	Excision of semilunar cartilage of knee joint			
83.6	Synovectomy			
83.9	Other excision of joint structures			

PAS Data (Cont).

Number	Disease	Frequency 73	Frequency 74	Comments
83.2	Arthrocentesis			
84.3	Repair and plastic operations on joint structure			
84.4	Spinal fusion			
84.5	Arthrodesis and stabilization of foot and ankle			
84.6	Arthrodesis and stabilization of other joints Arthroplasty of foot and toe Arthroplasty of knee			
84.1	Total hip replacement Other arthroplasty and reconstruction of hip Arthroplasty of hand and finger Arthroplasty of shoulder			
86	Operations on muscle, tendon, and fascia of hand			
85	Operations on other muscles, tendons, fascia and bursa Injection of therapeutic substance into bursa and tendon			
85.0	Incision of muscle, tendon, fascia, and bursa			
85.1	Division of muscle, tendon, and fascia			
85.2	Excision of lesion or tissue of muscle, tendon, fascia, and bursa			
85.3	Resection of muscle, tendon, and fascia Bursectomy			
85.4	Suture of muscle, tendon, and fascia			

PAS Data (Cont)

Number	Disease	Frequency 73	Frequency 74	Comments
85.5	Transplantation of muscle and tendon			
85.6	Other plastic operations on muscle, tendon, and fascia			
85.7	Other operations on muscle, tendon, fascia and bursa			
87	Amputation and disarticulation of extremities			
87.0	Amputation and disarticulation of fingers, except thumb			
87.1	Amputation and disarticulation of thumb			
87.2	Amputation of forearm and hand			
87.3	Disarticulation of elbow and amputation of arm through humerus			
87.4	Disarticulation of shoulder and interthoracoscapular amputation			
87.5	Amputation and disarticulation of toes			
87.6	Amputation of foot			
87.7	Amputation of leg			
87.8	Amputation of thigh and disarticulation of knee			
87.9	Disarticulation of hip joint and abdominopelvic amputation			
	Other operations on musculoskeletal system Manipulation of joint Revision of amputation stump			
88.0	Reattachment of fingers and thumb			
88.2-.3	Other reattachment of upper extremity			
88.4	Reattachment of foot			

PAS Data (Cont)

Number	Disease	Frequency 73	Frequency 74	Comments
88.5	Other reattachment of lower extremity Implantation of prosthetic device of extremity Other operations on musculoskeletal system			
82	Reduction of fracture and dislocation			
82.0	Closed reduction without internal fixation			
82.1	Closed reduction with internal fixation			
82.2	Open reduction without internal fixation			
82.3	Open reduction with internal fixation			
82.4	Closed reduction of separated epiphysis			
82.5	Open reduction of separated epiphysis Debridement of open fracture site Closed reduction of dislocation of joint Open reduction of dislocation of joint			

K. Ponzo
L. LeVoir

Hospital 67 PAS Data

Number	Disease	Frequency 73	Frequency 74	Comments
76-85	Operations of Musculoskeletal System			
76	Reduction of facial fractures			
77	Other operations on facial bones			
78	Operations on other bones			
78.0	Incision of bones without division			
78.1	Division of bone			
78.2	Bunionectomy			
78.3	Excision of lesion or tissue of bone			
78.4	Partial ostectomy			
78.5	Complete ostectomy			
78.6	Bone graft			
78.7	Internal fixation without fracture reduction			
78.8	Removal of internal fixation device			
78.9	Other operations on bones			
79	Reduction of fracture and dislocation (Look on page 4)			
80	Incision and Excision of joint structures			
80.2	Arthrotomy			
80.3	Division of capsule, cartilage or ligament			
80.4	Excision or destruction of lesion of joint			
80.5	Excision of intervertebral disc			
80.6	Excision of semilunar cartilage of knee joint			
80.7	Synovectomy			
80.9	Other excision of joint structures			

PAS Data (Cont).

Number	Disease	Frequency 73	Frequency 74	Comments
80.0	Arthrocentesis			
81	Repair and plastic operations on joint structure			
81.0	Spinal fusion			
81.1	Arthrodesis and stabilization of foot and ankle			
81.2	Arthrodesis and stabilization of other joints			
81.3	Arthroplasty of foot and toe			
81.4	Arthroplasty of knee			
81.5	Total hip replacement			
81.6	Other arthroplasty and reconstruction of hip			
81.7	Arthroplasty of hand and finger			
81.8	Arthroplasty of shoulder			
82	Operations on muscle, tendon, and fascia of hand			
83	Operations on other muscles, tendons, fascia and bursa			
83.0	Injection of therapeutic substance into bursa and tendon			
83.1	Incision of muscle, tendon, fascia, and bursa			
83.2	Division of muscle, tendon, and fascia			
83.3	Excision of lesion or tissue of muscle, tendon, fascia, and bursa			
83.4	Resection of muscle, tendon, and fascia			
83.5	Bursectomy			
83.6	Suture of muscle, tendon, and fascia			

PAS Data (Cont)

Number	Disease	Frequency 73	Frequency 74	Comments
83.7	Transplantation of muscle and tendon			
83.8	Other plastic operations on muscle, tendon, and fascia			
83.9	Other operations on muscle, tendon, fascia and bursa			
84	Amputation and disarticulation of extremities			
84.0	Amputation and disarticulation of fingers, except thumb			
84.1	Amputation and disarticulation of thumb			
84.2	Amputation of forearm and hand			
84.3	Disarticulation of elbow and amputation of arm through humerus			
84.4	Disarticulation of shoulder and interthoracoscapular amputation			
84.5	Amputation and disarticulation of toes			
84.6	Amputation of foot			
84.7	Amputation of leg			
84.8	Amputation of thigh and disarticulation of knee			
84.9	Disarticulation of hip joint and abdominopelvic amputation			
85	Other operations on musculoskeletal system			
85.0	Manipulation of joint			
85.1	Revision of amputation stump			
85.2	Reattachment of fingers and thumb			
85.3	Other reattachment of upper extremity			
85.4	Reattachment of foot			

PAS Data (Cont)

Number	Disease	Frequency 73	Frequency 74	Comments
85.5	Other reattachment of lower extremity			
85.6	Implantation of prosthetic device of extremity			
85.9	Other operations on musculoskeletal system			
79	Reduction of fracture and dislocation			
79.0	Closed reduction without internal fixation			
79.1	Closed reduction with internal fixation			
79.2	Open reduction without internal fixation			
79.3	Open reduction with internal fixation			
79.4	Closed reduction of separated epiphysis			
79.5	Open reduction of separated epiphysis			
79.6	Debridement of open fracture site			
79.7	Closed reduction of dislocation of joint			
79.8	Open reduction of dislocation of joint			

Appendix B

Initial Letter to Director of Nurses

Goshen
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statewide plan for
Continuing Education in nursing

KATHRYN M. PONZO, Coordinator, Region II

February 14, 1975

Sister Gertrude Delores
St. Joseph's Hospital

Dear Sister Gertrude Delores,

I am writing again to ask your cooperation in a needs analysis of nurses employed at your hospital. Your cooperation last year for the leadership questionnaire was appreciated and as you know was used to plan the first leadership program and is now being used to plan others.

Planning continuing education programs in Region II should include not only what the nurses want to know but also what the patient population indicates. The merging of nurses perceived continuing education needs and the frequency of certain diagnoses would be helpful in setting priorities for program-workshop planning.

Also, I am currently involved in an Educational Research course at IUSB under Dr. C.R. DuVall. Linda LeNoir, RN, is working with me on a project to assess needs for an orthopedic workshop. Upon completing this study we would hope to publish our demonstration model. The participants and their institutions would not be identified in the study (except to indicate cooperation).

Your cooperation in one or both of the following areas will be appreciated. The first thrust is a questionnaire to be administered to the nurses involved with orthopedic patients. We would work with Elaine Lochmandy to assist us in distributing and collecting questionnaires which the nurses would complete independently. The second area is utilizing the statistical data of the hospitals Medical Records Department found in the Professional Activity Study (PAS). These PAS records indicate admission and discharge diagnoses and certain tests but do not identify patients by name.

We are requesting permission to 1) administer the questionnaire and 2) utilize the PAS information for formulation and verification of our questionnaire. We would be happy to answer any questions about this study you may have.

We would appreciate a letter of cooperation for this study. If additional permission need be secured, please indicate. Self addressed envelope enclosed.

Sincerely,

Katy Ponzo

Katy Ponzo

72

KP/sk

Enclosure

Appendix C

Questionnaire

(for office use only)

Check most appropriate

1 - 2 I work at:

_____ 1 a. Elkhart General Hospital, Elkhart
_____ b. Goshen General Hospital, Goshen
_____ c. Healthwin, South Bend
_____ d. Memorial Hospital, South Bend
_____ e. Murphy Medical Center, Warsaw

_____ 2 a. Osteopathic Hospital, South Bend
_____ b. Parkview Hospital, Plymouth
_____ c. St. Joseph Hospital, Mishawaka
_____ d. St. Joseph Hospital, South Bend
_____ e. Other (specify) _____

3 - 4 I work on one of the following type of nursing areas:

_____ 3 a. Emergency Department
_____ b. ICU (Special Care)
_____ c. Medical-Surgical (with Orthopedics)
_____ d. OR - RR

_____ 4 a. Orthopedics
_____ b. Pediatrics
_____ c. Other (specify) _____

5. I am a _____ RN _____ LPN _____ Other (specify) _____

6. I work the following number of hours per week.

_____ a. 40 or more
_____ b. 39 - 30
_____ c. 29 - 20
_____ d. 19 - 10
_____ e. 9 or less

7. I have worked in orthopedic nursing.

_____ a. less than 3 months
_____ b. 4 to 11 months
_____ c. 1 to 3 years
_____ d. 4 to 6 years
_____ e. over 6 years

8. I have attended inservice programs or workshops in orthopedic nursing during the past two (2) years (1973-1974).
_____ a. yes _____ b. No _____ c. uncertain _____ presently enrolled in course this year (. 75)

9. If "yes" in #8 indicate the content or topics covered _____

_____

10. My needs or interest in attending a workshop on orthopedics would be rated as: (mark an X anywhere on scale).

High _____ Low

CIRCLE the most appropriate response according to your needs for an orthopedic workshop (e.g. 4 3 2 1 0)

4 - I am highly interested
3 - I am interested
2 - I am somewhat interested
1 - I have no opinion or don't know
0 - I have no interest

CIRCLE each item according to the above scale:

11. 4 3 2 1 0 Air embolism
12. 4 3 2 1 0 Amputation & disarticulation of lower extremities
13. 4 3 2 1 0 Amputation & disarticulation of upper extremities
14. 4 3 2 1 0 Ankylosis of joint
15. 4 3 2 1 0 Arthritis
16. 4 3 2 1 0 Arthritis - adult rheumatoid
17. 4 3 2 1 0 Arthritis - juvenile rheumatoid
18. 4 3 2 1 0 Arthrotomy
19. 4 3 2 1 0 Arthroplasty of knee
20. 4 3 2 1 0 Bunion and bunionette
21. 4 3 2 1 0 Body image (self concept)
22. 4 3 2 1 0 Cast care
23. 4 3 2 1 0 Cervicle displacement
24. 4 3 2 1 0 Circulatory impairment
25. 4 3 2 1 0 Closed reduction with internal reduction
26. 4 3 2 1 0 Closed reduction without internal fixation
27. 4 3 2 1 0 Contusion and crushing with intact skin
28. 4 3 2 1 0 Curvature of spine
29. 4 3 2 1 0 Dislocation without fracture
30. 4 3 2 1 0 Disorders of sacroilliac joint

31. 4 3 2 1 0 Excision of intervertebral disc
32. 4 3 2 1 0 Excision of se milunar cartilage of knee
33. 4 3 2 1 0 Fat embolism
34. 4 3 2 1 0 Fracture of facial
35. 4 3 2 1 0 Fracture of lower limb
36. 4 3 2 1 0 Fracture of upper limb
37. 4 3 2 1 0 Fracture of pelvis
38. 4 3 2 1 0 Fracture of ribs
39. 4 3 2 1 0 Fracture of skull
40. 4 3 2 1 0 Fracture of vertebra with spinal cord involvement
41. 4 3 2 1 0 Fracture of vertebra without spinal cord involvement
42. 4 3 2 1 0 Hallux Valgus - Hammer toe
43. 4 3 2 1 0 Hemorrhage - hypovolemic shock
44. 4 3 2 1 0 Hypertrophic Spondylitis
45. 4 3 2 1 0 Internal derangement of joints
46. 4 3 2 1 0 Injury to nerves
47. 4 3 2 1 0 Juvenile osteochondosis
48. 4 3 2 1 0 Lacerations and open wound of limbs
49. 4 3 2 1 0 Lumbarsacral displacement
50. 4 3 2 1 0 Muscle, tendon, fascia - Diseases of
51. 4 3 2 1 0 Musculoskeletal deformities
52. 4 3 2 1 0 Musculoskeletal injuries
53. 4 3 2 1 0 Neoplasms of bone
54. 4 3 2 1 0 Neoplasms - musculoskeletal
55. 4 3 2 1 0 Nerve damage
56. 4 3 2 1 0 Operations on muscle, tendon and bursa - hand
57. 4 3 2 1 0 Operations on other muscles, tendons, fascia and bursa
58. 4 3 2 1 0 Osteoarthritis
59. 4 3 2 1 0 Osteomyelitis
60. 4 3 2 1 0 Osteoporosis
61. 4 3 2 1 0 Open reduction with fixation
62. 4 3 2 1 0 Open reduction without fixation
63. 4 3 2 1 0 Pagets
64. 4 3 2 1 0 Physiology of Immobilization
65. 4 3 2 1 0 Prosthetic devices
66. 4 3 2 1 0 Psychological Aspects of long term care
67. 4 3 2 1 0 Psychological Aspects of Sudden Trauma
68. 4 3 2 1 0 Skin Care
69. 4 3 2 1 0 Spinal fusion
70. 4 3 2 1 0 Sprains and strains of joints - adjacent muscles
71. 4 3 2 1 0 Torticollis
72. 4 3 2 1 0 Total hip replacement
73. 4 3 2 1 0 Total knee replacement
74. 4 3 2 1 0 Totai phalange and elbow replacement
75. 4 3 2 1 0 Traction
76. 4 3 2 1 0 Traumatic anuria
77. 4 3 2 1 0 Traumatic shock
78. 4 3 2 1 0 Synovitis, bursitis and tenosynovitis
79. 4 3 2 1 0 Vertebrogenic Pain Syndrome
80. 4 3 2 1 0 Volkman's ischemic contracture

QUESTIONS

81. What other orthopedic conditions would you like included in a workshop? _____

_____

_____

82. What other general condition would you like included in a workshop? _____

_____

_____

Appendix D

Cover Letter to Participants

Goshen
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533-3161

statewide plan for
Continuing Education in nursing

KATHRYN M. PONZO, Coordinator, Region II

April 1, 1975

Dear RN and LPN:

Your cooperation is being sought to plan a Workshop or series of continuing education offerings on Orthopedic Nursing in Region II (St. Joseph, Elkhart, Marshall and Kosciusko Counties).

Enclosed is a questionnaire on a variety of Orthopedic diseases and conditions to which you should indicate your interest or need for these topics to be included in one or more Orthopedic workshops. Mail your completed questionnaire to Kathryn Ponzo at Goshen College in the prepaid envelope enclosed. Return them no later than April 14, 1975.

The results of the questionnaire will be used to plan Orthopedic workshops in our region. It will also be used in a research study of learning needs of nurses being conducted by Linda LeNoir and Kathryn Ponzo. The results of the study will only be reported by region and hospital and not by individuals. The coded response (for office use only) is for follow up response, if necessary. The administrators of this questionnaire assure you of your anonymity and your right to choose to participate or not participate in this study.

Please take the time (about ten minutes) to complete this. Your input at this point will aid us in planning continuing education for You, with what You want.

Thank you for your cooperation.

Sincerely,

Katy Ponzo

Kathryn M. Ponzo

KMP/mb
Enc.

Appendix E

9. If "yes" in #8 indicate the content or topics covered

Paraplegics

Studied rehab and orthopedics throughout England for info about methods as well as relationship to National Health Insurance, spinal cord injury seminar in England and others.

one on correct way to lift (included review of anatomy)

Total hip replacement

Treatment of hip fractures mostly. Some on other types of fractures.

Traction set-ups and nursing care of orthopedic patient--sponsored by Zimmer Mfg. Co.

Orthopedic emergencies and shock.

Mostly about tractions, fractures. (3)

Orthopedic--general nursing problems, lectures on spine surgeries.

All aspects of nursing care including psychological care. Emergency Rx, total hips, total knee (this workshop was conducted at Lutheran Hospital in Ft. Wayne, Sept., 1975-- over 200 participants).

Total hip surgery--post op care. (1)

Fx. pelvis, laminectomies, knee and sport injuries.

Traction set-ups, cast applications, rehabilitation with physical therapy.

"Total Hips and total knees, arterial blood gases, coronaries, isolation techniques, dying pt."

Total hip and total knee arthroplasty and care of the quadriplegic.

Hip prosthesis, nursing care post op.

General orthopedics in emergency dept.--not comprehensive.

Types of tractions, indication for use, application of traction. (6)

Orthopedics problems connected with E.R. nursing, minor and severe fractures. (2)

Head injuries, disaster evacuation. (1)

Types of hip pinnings, cast care.

Diseases, etc.

Albee table and its uses

Mostly new equipment

Home care of patient with cast.

Gangrene.

Knee surgery, hip prosthesis, back problems, body mechanics.

Pediatric Orthopedics at convention in Atlanta, May 1974. Re: various orthropedic anomalies disease conditions, Rx, etc., scoliosis, congenital hip, talipes, cast and traction care, Stryker and circo-electric frame usage, etc.

Hip pinning.

Lectures on scoliosis correction only.

Orthopedic shock

Hip fx

Head injuries, fire evacuation, ortho pts with chest tubes

Appendix F

81. What other orthopedic conditions would you like included in a workshop?

Specific legal aspects in orthopedic nursing, body alignment.

I need so much review in orthopedics nursing that I don't even know of any other conditions.

None others. (5)

Club feet in babies, congenital deformities of the hip.

Dangers run into with fx of mandible or maxilla that has been wired shut.

Rehabilitation following or of some of the common orthopedic conditions.

Arthritis, prosthetic devices, amputation.

None others. (1)

Common orthopedic problems with young school age children.

Congenital hip or other newborn disorders.

Teaching = ex. exercises, crutch walking, cast care, etc.

Thrombophlebitis with fractures and casts

CVA rehabilitation

Bow leg correction

General nursing care of orthopedic pt., including lifting and moving, positioning, exercising, etc.

More common ones.

Can't think of any--these are very good. (6)

Spina bifida, calcium deposits.

Pre-hospital care, post-hospital care. (1)

Possibly emphasis on basic principles which cross sect all orthopedics problems would be of great importance: i.e. physiology of immobilization, etc.

I am interested in learning almost everything about orthopedics and the care of the patient.

My interest is basically in acute serious illness only.

No others. (3)

Demonstration of traction set-ups.

All the ramifications of traction and hydropack therapy for orthopedic cases, and management with helping patients in and out of wheelchairs--no weight bearing, etc.

Amputations caused by machinery, etc., ER care and follow up.

How limbs are being sutured back onto the body.

Congenital defects and the care and treatment of such.

Handling of plaster, different types of cast. (1)

None. (1)

The needs and care of geriatric patients confined in traction, etc.

The after-effects of poor nursing care towards patients, such as turning or positioning of patient causing dislocation or sprain.

Arthrotomy ,meniscectomy -whether or not leg is to be up on a pillow;

✓ for circulatory impairment on many of the above conditions (what

does one look for) pallor, paresthesia, pulselessness, etc. (This would be good review for nursing aids especially).

To include recent findings in treating of orthopedic conditions and related diseases with drugs, such as Matrin for example.

Rhizotomies, caudal injections; general cortisone injections and use of steroids for arthritis, sciatica.

Cong. anomalies

Anything would be helpful to me since I've not had any experience with any orthopedic pts. since my schooling.

The different names for operative procedures as McBrides--and what all does this correct, etc.

I feel that the topics above would be most adequate.

Appendix G

82. What other general condition would you like included in a workshop?

Paraplegia, MS., music therapy.

How to deal with family and patients--all of whom are under emotional stress.

Care of splinting broken bones.

How to help family accept deformities of pt., etc.

None. (2)

Burns, cardiovascular disease, blood dyscrasia.

Coronary care and the psychological aspects of a sudden change in a patient's life pattern.

Arteriosclerotic heart diseases and ischemic heart diseases for non-coronary nurses.

Malignant neoplasms.

Diabetes. (1)

Abdominal perineal resection and related surgical procedures.

First aid for the RN for injuries involving orthopedic conditions!

Charting aspects of the orthopedic pt. I hope in psychological aspects you could cover all ages; peds, teen-agers, middle-age, and geriatric.

Need and use of antibiotics and prevention of osteo. infections.

Thrombophlebitis (1)

Improved relationships and communications between shifts.

The circulatory vascular conditions related in healing of older people.

Have few pts. with severe rheumatoid arthritis.

Review of health teaching to patient who has overhead trapeze and how beneficial to use this when available.

How to apply different kinds of traction.

The psychological aspects of sudden trauma--tremendous!

I hope you decide to have a workshop!

Thurs. and Fri. are bad days for OR-RR nurses to get off to attend any workshops.

Nursing care for all orthopedic conditions.

ICU and CCU courses.

Myocardial infarction

Information about ISPCEN.

Dealing psychologically with terminally ill pts. and their families and frields.

ASHD, cancer and dealing with terminally ill pts. and their families and friends.

Since I work on Peds, anything to do with pediatric conditions.

General Med-Surg.

Management in nursing.

Nursing care plans--long term goals and immediate goals for operative, non-operative cases and traumatic cases.

How the body reacts to the replaced limbs.

Endocrine imbalances.

Demonstration of fracture tables.

Laboratory techniques.

Ear surgery, cardiovascular surgery.

Gas gangrene and other conditions caused by clostridium organism.

Embolisms (fat and air) as listed above.

Total replacements, other than knee and hip replacement.

Pulmonary embolism, anticoagulant therapy, physical therapy exercises.

Lab values and meaning.

Electrolyte and IV replacement.

Respiratory conditions and management i.e. uses of different ultrasonic, cold steam machines, etc.

Embolisms in the orthopedic pt., treatment and how to prevent an embolism phlebitis.

Massive trauma to muscle tissue (such as an entire buttock off or loose) with resulting infections such as gas gangrene and the treatment of same.

Hepatic shock and its relationship to gangrenous fractures and wounds due to broken bones.

Gosilar skull fx., depressed skull fx.

Traumatic injuries and initial treatment involved to any area of the body.

Perhaps offered so that a large number of personnel could attend.

Nursing care of the cardiac patients.

Pulmonary embolisms following surgery--preventive and treatment of and why.

Body image, cast care

Transporting pts. with various devices; Hoyer lift and prosthesis. Crutchfield tongs you may include with traction, conditions of operating room when total hips are done.

Edema lower limbs, decubitus care.

Alcoholism

Could be extended with physical therapy, foot care for the elderly, curved and thick toenails, callouses, corns, etc.

Multiple sclerosis.

Emergency room care and legal aspects.

Terminal illnesses, home care.

Epidemiology--recent study

Unwanted pregnancies, abortion and adoption.

Obstetrical complications, fetal/maternal monitoring.

I am very much interested in new aspects on the psychiatric patient. Also psychological aspects in any type hospital care for a patient. Confrontation with the dying patient--we need aid in this area. Patient's family facing a terminally ill person and how to cope and adjust.

Deficiency diseases

rhizotomies

EKG workshop